

## CLASS C AMENDMENT FORM

218977  
2005-361-T

File the original with:

Public Service Commission of South Carolina  
Docketing Department  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

RECEIVED

DATE:

09/04/09.

SEP 09 2009

I have the following Certificate:

☐ Class C Taxi # \_\_\_\_\_ ☒ Class C Charter # 7647-A ☐ Class C Charter Bus # \_\_\_\_\_  
☐ Class C Non-Emergency # \_\_\_\_\_

PSC SC  
MAIL / DMS

Please consider this as my request for the following amendment(s) to my Certificate:

☐ **Name Change** (Complete attached document for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.)

From: \_\_\_\_\_ DBA: \_\_\_\_\_  
(Current Name) (Current DBA if applicable)

TO: \_\_\_\_\_ DBA: \_\_\_\_\_  
(New Name) (New DBA if applicable)

☐ **Scope of Authority**

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Scope) (New Scope)

☒ **Passenger Limit**

From: 5 To: 12  
(Current Limit Number) (New Limit Number)

American Black Cab Company dba Charleston Black Cab Company (Name & DBA if applicable) 3111B Meeting St RD (Street Address)

CHARLESTON, SC, 29405  
(City, State, Zip Code)

Wayne  
(Signature)

843-810-8826  
(Telephone Number)

Vice President  
(Title)